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AB

NONE

** CONTINUING DATA *****

AB

NONE

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance AB	STATE OR COUNTRY FINLAND	SHEETS DRAWING 5	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature	Initials			

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TITLE

Direct-sequence CDMA method and device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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